

8/9/4

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>09889624</b>	FILING DATE			
						APPLICANT(S) <i>Kotwal</i>				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51			
2	/		/		/		52			
3	/		/		/		53			
4	/		/		/		54			
5	/		/		/		55			
6	/		/		/		56			
7	/		/		/		57			
8	/		/		/		58			
9	/		/		/		59			
10	/		/		/		60			
11	/		/		/		61			
12	/		/		/		62			
13	/						63			
14	/	C					64			
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43							92			
44							93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.	3	1	2	1			100			
TOTAL DEP.	15	10	12	10						
TOTAL CLAIMS	8	12	12	12						